

THE OFFICE OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11183

State File No.

FILED APR 21 1954

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>254</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Bollinger</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Crooked Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Crooked Creek</u>		d. STREET ADDRESS (If rural, give location) <u>Near Bessville 0093</u>	
b. CITY OR TOWN <u>Rural - Crooked Creek</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Bessville</u>		e. STREET ADDRESS (If rural, give location) <u>Near Bessville</u>	
3. NAME OF DECEASED (Type or Print) <u>MAUDE</u>		a. (First) <u>MAUDE</u>		b. (Middle) <u>A.</u>		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH <u>APRIL 13 1954</u>		5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Sept. 16, 1876</u>		9. AGE (in years last birthday) <u>77</u>		10. MONTHS <u>7</u>		11. DAYS <u>27</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James W. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Claphint</u>		14. NAME OF HUSBAND OR WIFE <u>Lucile Dethers Bessville Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucile Dethers Bessville Mo</u>		ADDRESS <u>Bessville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Tuberculosis & Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____					
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4/13</u> , <u>1954</u> , to <u>4/13</u> , <u>1954</u> , that I last saw the deceased alive on <u>4/13</u> , <u>1954</u> , and that death occurred at <u>1:10</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. S. Campbell MD Lutesville</u>		(Degree or title) _____		23b. ADDRESS <u>Lutesville</u>		23c. DATE SIGNED <u>4/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Milan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Tenn.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 14, 54</u>		REGISTRAR'S SIGNATURE <u>Thelma Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baber Funeral Home</u>		ADDRESS <u>Lutesville Mo</u>	

(Licensed Embalmer) Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. J. Baker

Licensed Embalmer No. *30573*

P. O. Address *Putnam St MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.